



Better Days
Therapeutic Services

Workshop Registration

Name _____

Address _____

Phone _____

Email _____

Workshop Name	Date	Price

Total Cost \$ _____

Method of Payment cash check credit card

For credit card payments Type of Card (circle): Visa Master Card American Express Discover

Name (exactly as it appears on card): _____

Credit Card Number: _____

Expiration Date: _____ CVV code: _____

Billing Zip Code: _____

Signature _____

Date _____